

KENTUCKY BOARD OF LICENSURE FOR OCCUPATIONAL THERAPY

Deep Physical Agent Modalities (DPAMs) Course, Workshop, or Seminar Provider Application Approval Form (for CEs not pre-approved by AOTA or ASHT)

PLEASE PRINT OR TYPE

Individual Requesting Approval of CE Hours: _____

Sponsoring Agency: _____

Address: _____
Street

City State Zip Code

Program Title: _____

Date(s) of Program: _____

**Attach agenda, brochure, or scheduled for each day of the course(s) or workshop(s).*

Hours applied for: _____
(This does not include time in courses, workshops, or seminars that were considered breaks, meals, or business meetings.)

Qualifications of Presenter(s), including curriculum Vitae: Attached? ☐ Yes ☐ No

Signature of the Provider Representative: _____

Course Objectives: Check the following required subject areas that will be met in this program.

<input type="checkbox"/>	Principles of physics related to specific properties of light, water, temperature, sound and electricity;
<input type="checkbox"/>	Physiological, neurophysiological, and electrophysiological changes which occur as a result of the application of each of the agents identified in KRS 319A.010(8).
<input type="checkbox"/>	Theory and principles of the utilization of deep physical agents which includes guidelines for treatment or administration of agents within the philosophical framework of occupational therapy;
<input type="checkbox"/>	The rational and application of the use of deep physical agents;
<input type="checkbox"/>	The physical concepts of ion movement
<input type="checkbox"/>	Critical thinking and decision making regarding the indications and contraindications in the use of deep physical agents;
<input type="checkbox"/>	Types selection and placement of various agents utilized;
<input type="checkbox"/>	Methods of documenting the effectiveness of immediate and long-term effects of interventions;
<input type="checkbox"/>	Characteristics of equipment including safe operation, adjustment, and care of the equipment; and
<input type="checkbox"/>	Application and storage of specific pharmacological agents.

The board will approve only contact hours covering Deep Physical Agent Modalities which is any device that uses sound waves or agents which supply or induce an electric current through the body, which make the body a part of a circuit; including iontophoresis units with a physician's description, ultrasound, transcutaneous electrical nerve stimulation units and functional electrical stimulation un, or microcurrent devices.

The Board will not approve for purposes of the required training and instruction for DPAM certification time spent on Superficial Physical Agent Modalities which is hot packs, cold packs, ice, fluidotherapy, paraffin, water, and other commercially available superficial heating and cooling devices.